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PTO/SB/21 (08-00)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/641,034
	Filing Date	August 16, 2000
	First Named Inventor	YONEDA, TOSHIYUKI
	Group Art Unit	1653
	Examiner Name	MAYES, LAURIE A.
Total Number of Pages in This Submission	Attorney Docket Number	BEAR-006

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Response to Restriction Requirement (2 pgs.) 2) Return Postcard
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	PAULA A. BORDEN, Reg. No. 42,344
Signature	
Date	December 20, 2002

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Attorney Docket
(Confirmation No.)BEAR
3757

First Named Inventor

T. Yoneda

Application Number

09/641,034

Filing Date

August 16, 2000

Group Art Unit

1653

Examiner Name

L.A. Mayes

Title: *Integrin binding motif containing peptides and methods of treating skeletal diseases*

RESPONSE TO RESTRICTION REQUIREMENT

Address to:
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Sir:

This is in response to the Restriction Requirement dated November 27, 2002. The Restriction Requirement set forth a one-month time period for response, making a response due on or before December 27, 2002.

Accordingly, this response is timely filed.

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I. REMARKS

In the Restriction Requirement, two election requirements were made: 1) election of claim group; and 2) election of peptide.

1) Claim group

The Examiner required election of one of the following groups of claims:

Group I: Claims 1-9 and 12-16, drawn to a peptide; and

Group II: Claims 10 and 11, drawn to an antibody which binds to the peptide.

Applicants hereby elect to prosecute the claims of Group I, with traverse.

2) Peptide

The Office Action further that Applicants must also elect one of the peptides recited in claims 6 and 9.

Applicants also elect the peptide TDLQERGDNDISPFSGDGQPFDK (SEQ ID NO:47).